

Opening Doors to Treatment Options



Acknowledgments

BabyNet would like to gratefully acknowledge the following individuals for their assistance in preparing these guidelines. Without their assistance, these guidelines would not have been possible.

Jody Cholewicki, MRC, BCBA
Director/In Home Programs
SCDDSN Autism Division, Charleston Office

Laura Carpenter, PhD. BCBA
Assistant Professor of Pediatrics
Division of Genetics and Developmental Pediatrics
Medical University of South Carolina

Jane M. Charles, MD
Assistant Professor of Pediatrics
Division of Genetics and Developmental Pediatrics
Medical University of South Carolina

Geri Connors, LMSW
DHEC/Babynet Supervisor/System Manager Region 7

Chris Goshorn
Parent of Autistic Child
Myrtle Beach

Walter Jenner, MS
Education and Outreach
South Carolina Autism and Developmental Disabilities Monitoring Program

Chelsea Mikel, BA
Consultant
SCDDSN Autism Division, Charleston Office

Kristie K. Musick
TECS: Team For Early Childhood Solutions
Center For Disability Disability Resources
USC Dept. of Pediatrics School of Medicine

Lauren Robbins
DHEC/Babynet Coordinator Region 7

Gail Shelley, LBSW
Regional Consultant
DHEC / Babynet

In addition, thanks to the many parents and professionals who reviewed the draft document and gave us feedback.

The following resources were adapted and incorporated into these guidelines. Thanks to the various sources for allowing BabyNet to utilize their information.

Connecticut Birth to Three System. (1997). *Service Guideline #1: PDD/Autism*. Hartford, CT: Author.

New York State Department of Health Early Intervention Program. (1999). *Clinical Practice Guideline: Quick Reference Guide*. Albany, NY: Author.

New York State Department of Health Early Intervention Program. (1999). *Clinical Practice Guideline: Report of the Recommendations*. Albany, NY: Author.

New York State Department of Health Early Intervention Program. (1999). *Clinical Practice Guideline: The Guideline Technical Report*. Albany, NY: Author.

South Carolina Department of Education. (1997). *Autism: Guidelines for Diagnosis, Placement, and Services*. Columbia, SC: Author.

Requests for copies may be made to:

BabyNet
SC DHEC
Bureau of Maternal & Child Health
Mills/Jarrett Complex, Box 101106, Columbia, SC. 29211



Table of Contents

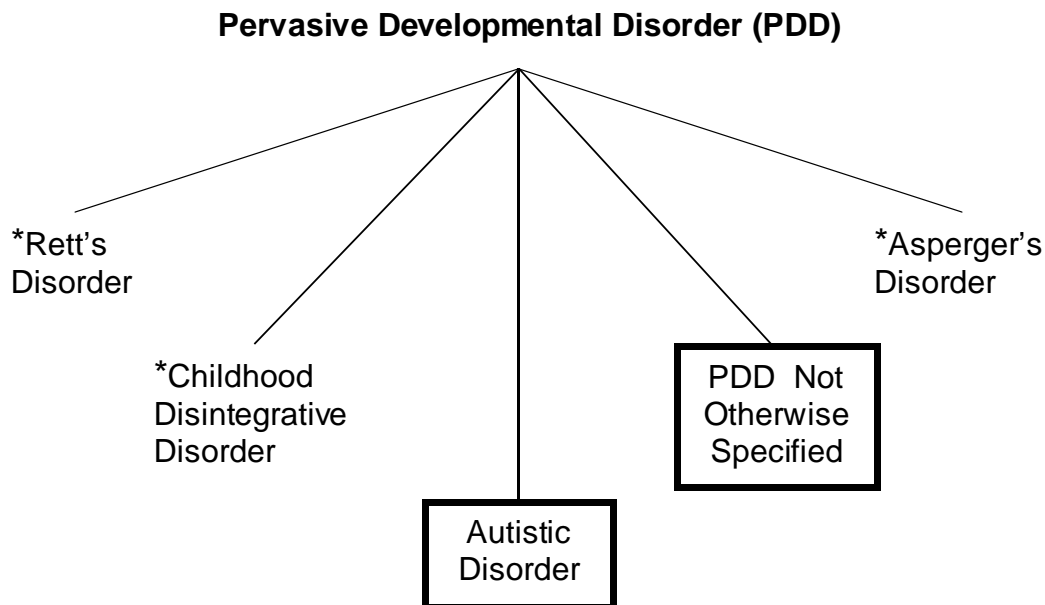
Autism Spectrum Disorders	1
❖ What is an Autism Spectrum Disorder?	1
❖ Who Should Evaluate My Child for an Autism Spectrum Disorder?	3
❖ What Must the Evaluation Include?	3
❖ What Causes an ASD?	4
❖ Is There a Cure?	4
❖ What If My Child Doesn't Have an ASD?	4
Interventions	5
❖ What Should I Look for in a Treatment Program?	5
❖ What Interventions Have Shown Success?	5
❖ How Much Intervention is Needed?	6
Funding	7
❖ Will BabyNet Pay for the Evaluation?	7
❖ What Interventions will Not be Covered?	7
❖ What about ASD Treatment?	8
Staff Guidelines	9
❖ Parent Responsibilities	9
❖ Program Consultant	9
❖ Lead Program Specialist	10
❖ Paraprofessional	11
BabyNet Fee Schedule	12
Authorization Criteria	12
Paraprofessional Service Log	13
BabyTrac Information	13
References	14
Resources	14

Autism Spectrum Disorders

BabyNet is committed to working with families to develop Individual Family Service Plans (IFSP) that meet the unique needs of each child and family. The parents and professionals who developed these guidelines were committed to meeting the needs of children with autism spectrum disorders.

What is an Autism Spectrum Disorder?

According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), autism is a type of Pervasive Developmental Disorder (PDD). PDD is not a specific diagnosis, but an umbrella term under which five specific disorders are defined. These disorders are commonly referred to as autism spectrum disorders (ASD).



Graphic adapted from *Service Guideline #1: PDD/Autism* written by the Connecticut Birth to Three System

These five disorders have, to some degree, the following in common:

- Impairments in social interaction - Sometimes this deficit in social relatedness is noticeable during the first months of life; parents may report that their child has poor eye contact, lacks interest in being held, or stiffens when held.
- Impairments in communication - When language is present in the younger child with an ASD, it tends to be rote, repetitive, and lacking in apparent communicative intent.
- Restricted, repetitive, and stereotyped patterns of behavior, interest and activities - Most young children who have an ASD will demonstrate repetitive motor or verbal actions. Children may, for example, flap their hands; bang their heads, rock, pace, spin on their feet or use repetitive finger movements.

This guideline will focus on the DSM-IV diagnoses of "autistic disorder" and "pervasive developmental disorder-not otherwise specified" (PDD-NOS) and will broadly define these two conditions as "autism spectrum disorders" (ASD).

*Asperger's disorder, Rett's disorder and childhood disintegrative disorder are not discussed in this guideline since these conditions were not considered as relevant to the target population of younger children under the age of 3 years. These conditions either first become apparent in children over 3 years old (Asperger's disorder) or are relatively rare conditions (Rett's disorder and childhood disintegrative disorder).

Autism Spectrum Disorders are severe biological disorders of the central nervous system of unknown cause. ASD remains a life long condition but patterns and symptoms change and skills develop from childhood to adult life. There is clear evidence that early scientific-based intervention improves skill development and the quality of life over time.

Autism can be thought of as not a single disorder but spectrum of different disorders. Gilberg and Coleman (The Biology of the Autistic Syndromes, 2000) list 27 associated conditions.

A list of possible co-morbid disorders includes:

- ASD/Cognitive Impairment (IQ<70) (approximately 60%)
ASD/Down Syndrome (10% Howlin et al)
ASD/Fragile X (50% Philofsky, et al 2003)
- ASD/Epilepsy-more severe cognitive impairment the higher the risk of seizure
- ASD/ADHD (20% Goldstein 2004)
- ASD/Motor deficits
- ASD/Gastrointestinal disorders
- ASD/Tourette's
- ASD/Angelman Syndrome
- ASD/Tuberouse sclerosis
- ASD/Depression
- ASD/Obsessive compulsive disorder
- ASD/Specific phobias

Clues for Possible Autism Spectrum Disorders

- Delay or absence of spoken language
- Stares as though looking through people; not aware of others
- Not responsive to other people's facial expressions/feelings
- Lack of pretend play; little or no imagination
- Does not show typical interest in or play near peers purposefully
- Lack of turn taking
- Unable to share pleasure
- Does not point at an object to direct another person to look at it
- Lack of gaze monitoring (does not look at another person to share an experience)
- Lack of initiation of activity or social play
- Unusual or repetitive hand and finger mannerisms
- Unusual reactions, or lack of reaction, to sensory stimuli

- Uses toys or objects in unusual ways

This table was adapted from Table III-5 in the *Clinical practice guideline: Technical report* written by the New York State Department of Health Early Intervention Program.

Who Should Evaluate My Child for an Autism Spectrum Disorder?

The diagnosis of an autism spectrum disorder (ASD) requires an initial evaluation by a qualified professional. The professional must be one of the following:

1. Regional Consultant of the South Carolina Department of Disabilities and Special Needs Autism Division.
2. Licensed clinical psychologist;
3. Licensed school psychologist;
4. Developmental pediatrician;
5. Licensed psychiatrist.
6. Evaluation Specialist from the Carolina Autism Resource and Evaluation (CARE) Center of the S. C. Department of Disabilities and Special Needs Autism Division.

Making an accurate diagnosis of ASD is complex, particularly in children under 3 years of age. It is important that the professional who makes the diagnosis has experience and expertise in assessing young children with autism spectrum disorders. The professional should have:

- Experience with many children representing the range of ASDs, from mild to severe, and ability levels from severe retardation to gifted;
- Recent training in autism spectrum disorders;
- Knowledge of the current research and literature.

What Must the Evaluation Include?

Currently there is no medical test that detects autism. Diagnosis is based on parental reports along with professional observations of your child.

An evaluation must include a developmental history, current functional level and completion of an autism rating scale. Each of these areas is equally important in the diagnostic process. In addition, a speech and language assessment of functional communication by a certified or licensed speech language pathologist is highly recommended. A hearing evaluation may also be necessary to determine if hearing is a factor in the child's communication problems.

If the child is below the age of 3, a screening instrument (e.g. Modified Checklist For Autism in Toddlers/ M-CHAT) should be used as well as a clinical observation, charting developmental milestones and possible medical screenings (i.e. audiological).

Developmental History:

The developmental history is intended to document the presence of the behavioral characteristics of ASDs that indicate disturbances during early development in at least the 3 essential areas defined below:

Developmental history that details progression in the following areas:

1. *Social Interaction - ability to relate to people, objects, or events;
2. *Communication – speech, language;
3. *Patterns of behavior, interests and activities.

*DSM-IV criteria for PDD.

The developmental history may be obtained from an interview with the parents or from a review of records such as reports of previous evaluations and Individualized Family Service Plans.

Current Functional Level:

This component is to provide information on current functioning in the child's natural environment (i.e., in their home setting and childcare). It should include an overall picture of strengths and weakness in at least the areas of social interaction, communication and patterns of behavior, interests and activities.

Autism Rating Scale:

These rating scales should only be used by professionals with training and experience with ASD and in the use of the specific instrument. Tools for assessing a child with autism spectrum disorders include the Autism Diagnostic Observation Scales (ADOS), the Autism Diagnostic Interview-Revised (ADI-R) and the Childhood Autism Rating Scale (CARS). It would be inappropriate to use a single score from a rating scale to either diagnose an ASD or to determine eligibility.

What Causes an ASD?

Many different types of research support the concept that ASDs are a biologically based developmental disorder. However, no specific cause has yet been identified. Autism spectrum disorders are not a mental illness.

Is There a Cure?

Given the complexity of autism spectrum disorders, it seems unlikely that any single cure will be found. Although there is no known cure, there are interventions that show promise for treating some of the symptoms of ASDs.

**There are interventions that show promise for treating
some of the symptoms of ASDs.**

What If My Child Doesn't Have an ASD?

If the evaluation indicates that your child doesn't have ASD and your child is already eligible for BabyNet, a service coordinator/early interventionist and your family will develop an Individualized Family Service Plan (IFSP) that will address your child's needs. If your child is not already receiving BabyNet services, the evaluation information can assist the BabyNet Coordinator in determining eligibility for services. However, additional evaluations might be required.

INTERVENTIONS

What Should I Look for in a Treatment Program?

Dawson and Osterling (1997) reviewed eight model early intervention programs for children with autism spectrum disorders and described the following six elements that seemed to be common to effective intervention programs.

1. Curriculum content that emphasizes five basic skills: to attend to elements of the environment that are essential for learning; to imitate others; to understand and use language; to play appropriately with toys; and to interact socially.
2. A supportive and structured environment that includes strategies for generalization to more complex, natural environments.
3. Predictability and routine to assist the child with transitions from one activity to another.
4. A functional approach to problem behaviors that includes recording the behavior, developing a hypothesis about the function of the behavior for the child, changing the environment to support appropriate behavior, and teaching appropriate behaviors to replace problem behaviors.
5. Plans for transition from preschool classroom by teaching skills that children will need later.
6. Family Involvement as a critical component in the overall program.

Interventions should “fit” into the families' daily activities. Families should not have to “fit” into an intervention service. Interventions should occur within the daily activities and routines of families to the greatest extent possible. Additionally, interventions should be consistent with the principles of normal child development, reflect research supporting interventions, provide support to families and prepare children/families for transitions to new programs.

Family Involvement is a Critical Component in the Overall Program.

What Interventions Have Shown Success?

Educational and behavioral interventions have become the primary treatment approaches for children with autism spectrum disorders. These interventions are based upon common behavioral principles and share these common elements:

- Systematic use of behavioral/teaching techniques and intervention procedures;
- Intensive direct instruction by the therapist, usually on a one-on-one basis;

- Extensive parent training and support so that parents can provide consistent and structured experiences in the home environment.

Interventions typically address three target areas for children with ASDs.

Behavior

Inappropriate behaviors are a defining core characteristic of autism spectrum disorders and may include stereotypic behavior, aggression or disruptive behavior. Reducing inappropriate behaviors is often one of the highest priorities for parents and one of the first targets for interventions.

Communication

Communication is an important element in defining an autism spectrum disorder. Basic communication training for a child with autism often emphasizes functional use of language in everyday settings, nonverbal communication, and social aspects of communication such as turn-taking. Many behavioral techniques are used in teaching communication and language skills.

Social Interaction

Behavioral techniques are often applied to improve the child's social initiations and appropriate responses. Techniques may include prompting the child to respond appropriately and reinforcing reciprocal social interactions and responses particularly with other children. There are several different treatment approaches that use a variety of techniques to support improvement in the areas listed above.

How Much Intervention is Needed?

Considerations in determining the frequency and intensity of intervention include:

- Age of the child;
- Severity of the autistic symptoms;
- Rate of progress;
- Other health considerations;
- Tolerance of the child for intervention;
- Family participation;
- Family routines and daily activities.

There are no nationally recognized programs that advocate less than 20 hours per week of professional/paraprofessional intervention. This does not include intervention time provided by parents/caregivers.

The choice of program, the types of interventions, the professional disciplines of the interventionists and the frequency and intensity of the interventions are determined by the unique needs of each child and family.

FUNDING

Will BabyNet Pay for the Evaluation?

If you suspect your child has an ASD, the first choice for evaluation should be the South Carolina Department of Disabilities and Special Needs (DDSN) autism division. Initial contact is made with a regional consultant who will assess your child and determine if further evaluation is needed. If required, DDSN has Carolina Autism Resource and Evaluation (CARE) Centers established to provide comprehensive evaluations in accordance with BabyNet guidelines. To receive services at a CARE Center, a DDSN autism division regional administrator must refer your child for evaluation. Contact information is listed in the resource section of this guide.

If DDSN cannot provide an evaluation within 6 months, BabyNet will pay for an evaluation by qualified professionals to confirm or rule out the diagnosis of an ASD. The evaluation must be conducted in accordance with BabyNet guidelines. As always, BabyNet is the payer of last resort.

A speech and language assessment of functional communication by a certified or licensed speech language pathologist is highly recommended. A hearing evaluation may also be necessary to determine if hearing is a factor in the child's communication problems.

What Interventions will Not be Covered?

Because there is no adequate evidence that the following are effective in treating autism spectrum disorders, these interventions will not be covered:

- Music therapy;
- Touch therapy;
- Auditory integration training;
- Sensory integration therapy as a primary intervention;
- Facilitated communication;
- Medication/diet therapies (i.e., hormone medications, immunologic agents, therapeutic vitamins).
- CranioSacral Therapy
- Hypobaric Chamber Therapy
- Hippo Therapy (Therapeutic Horseback Riding)
- Aquatic Therapy
- Floor Time
- Relationship Development Intervention
- Son Rise

What About ASD Treatment?

Assistance with ASD treatment programs will be provided in accordance with the attached guidelines and fee schedule. The child must have a confirmed diagnosis of *PDD-NOS* or *autism* by a qualified professional. In order to ensure appropriate diagnosis and treatment, BabyNet reserves the right to require a second opinion.

For children suspected of an autism spectrum disorder, a qualified professional should refer them for evaluation as soon as possible. In the meantime children without a formal diagnosis, but who have been assessed by BabyNet and found eligible for early intervention services can receive those early intervention service as outlined in the child's IFSP.

There are also training opportunities related to autism and ABA services provided by the South Carolina Department of Disabilities and Special Needs which are outlined in the "Autism Division Training" booklet.

(BabyNet training video information to go [here](#))

STAFF GUIDELINES

ASD Treatment

These guidelines detail the positions that may be needed to staff an ASD treatment program. Use of a Program Consultant is required. Some of these roles can adequately be filled by the child's family but would not be reimbursable in that instance. It is understood that, within these guidelines, all positions will need a period of orientation with supervision provided based on the professional's knowledge of the child and program.

Parent Responsibilities:

1. Locating, hiring and termination of program personnel.
2. Ensuring that program personnel meet specified guidelines.
3. Sharing of information with team members related specifically to the child's behavior, health status, and emergency plan.
4. Providing materials and reinforcers used in program.
5. Communicate with DHEC/BABYNET staff regarding the specific number of ABA hours to be authorized on a monthly basis.

Program Consultant:

Position Requirements:

1. Master's degree or higher.
2. Two or more years of experience (totaling at least 1500 hours) working with children with autism spectrum disorders under the direction of a Program Consultant.
3. Possess or apply for S.C. Infant Toddler Credential.
4. Must have contract with DHEC/Babynet.

Position Responsibilities:

Develop as needed or implement an already existing developmental curriculum for teaching children with autism spectrum disorders.

1. Oversee implementation of developmental curriculum;
2. Assist in training of staff and caregivers regarding child's developmental curriculum;
3. Ongoing "fine tuning" of program in consultation with the caregivers and other team members;
4. If Lead Program Specialist meets only minimum qualifications, may need to provide additional supervision;
5. Recognize the signs and symptoms of child abuse/neglect and know how to respond;
6. Communicate and collaborate effectively with caregivers and team members;
7. Work with caregivers in a family-centered manner;
8. Provide quality, safe care by demonstrating how to properly respond to potential medical/health crisis (e.g., seizure, severe bleeding);
9. Demonstrate professional behavior and attributes by observing confidentiality;
10. Demonstrate openness to feedback regarding performance;
11. Demonstrate ability to be flexible, mature, self-directed and non-judgmental.

Lead Program Specialist:

Minimum Position Requirements:

1. 400 hours of experience working under the supervision of a Program Consultant.
2. Basic knowledge of child development with the ability to demonstrate knowledge of similarities and differences in behavior and development between typical and atypical children.
3. Basic knowledge of autism spectrum disorders.
4. Able to train others in the specific instructional techniques being used in the treatment program.
5. Able to motivate and interact effectively with young children.

Preferred Position Requirements:

1. Bachelor's degree.
2. 800 hours of experience working under the supervision of a Lead Program Specialist or Program Consultant.
3. Meets all minimum requirements.

Position Responsibilities:

1. Provide ongoing coordination of child's program with caregivers and Program Consultant;
2. Assist in training of Paraprofessionals;
3. Lead team meetings to facilitate problem solving and encourage communication between team members;
4. Tabulate data for Program Consultant;
5. Support, promote and generalize appropriate behavior in a variety of settings;
6. Implement developmental curriculum under ongoing supervision;
7. Communicate and collaborate effectively with caregivers and team members;
8. Work with caregivers in a family-centered manner;
9. Provide quality, safe care by demonstrating how to properly respond to potential medical/health crisis (e.g., seizure, severe bleeding);
10. Recognize the signs and symptoms of child abuse/neglect and know how to respond;
11. Demonstrate professional behavior and attributes by observing confidentiality;
12. Demonstrate openness to feedback regarding performance;
13. Demonstrate ability to be flexible, mature, self-directed and non-judgmental.
14. Provide quarterly report to the DHEC BN staff completing the authorizations. DHEC/ BabyNet staff will forward a copy of this to the primary Service coordinator as needed.

***Paraprofessional:**

- * The parent/caregiver or other family member may fill this role, without reimbursement, and not be required to meet the minimum requirements.

Minimum Position Requirements:

1. At least 18 years of age with a high school diploma.
2. Demonstrates ability to motivate and interact effectively with young children.
3. Basic knowledge of autism spectrum disorders.

Preferred Position Requirements:

Meet minimum requirements and have a basic knowledge of child development with the ability to demonstrate knowledge of similarities in behavior and development between typical and atypical children.

Position Responsibilities:

1. Implement developmental curriculum under ongoing supervision;
2. Systematically document behavior (e.g. discrete trial results, observation data in group setting);
3. Participate in team meetings;
4. Support, promote and generalize appropriate behavior in a variety of settings;
5. Communicate and collaborate effectively with caregivers and team members;
6. Work with caregivers in family-centered manner;
7. Provide quality, safe care by demonstrating how to properly respond to potential medical/health crisis (e.g., seizure, severe bleeding);
8. Recognize the signs and symptoms of child abuse/neglect and know how to respond;
9. Demonstrate professional behavior and attributes by observing confidentiality;
10. Demonstrate openness to feedback regarding job performance;
11. Demonstrate ability to be flexible, mature, self-directed and non-judgmental.

BabyNet Fee Schedule

ASD Treatment

BabyNet will not authorize payment or approve ASD treatment until a qualified professional completes an initial workshop. BabyNet will not pay for food, hotel accommodations, and travel expenses including time, babysitter fees to watch other children, fees involved in recruiting staff, sorting bins/containers, and regular toys. Payment will only be made to the direct provider of the service.

IMPORTANT NOTE: ANY ADDITIONAL EXPENSES WILL NEED TO BE PAID FOR BY THE PARENTS/CAREGIVER OR OTHER SOURCES. PARENTS/CAREGIVERS WILL NOT RECEIVE REIMBURSEMENT FOR PROVIDING ANY DIRECT SERVICES TO CHILD. EXTENDED FAMILY MEMBERS WHO DO NOT RESIDE IN THE CHILD'S HOME CAN BE REIMBURSED IF TRAINING AND QUALIFICATION REQUIREMENTS ARE MET.

ALL ASD TREATMENT MUST BE AUTHORIZED BY DHEC/BABYNET STAFF REGARDLESS OF THE CHILD'S PRIMARY SERVICE COORDINATION ASSIGNMENT.

Initial Workshop

\$1,200 Maximum

Includes home-based assessments, evaluations, individualized treatment planning, curriculum books, and the initial workshop. This is billable only one time. Staff conducting the initial workshop must meet the position requirements for Program Consultant.

Reassessment Services

\$200 Maximum Per Reassessment

Periodic reassessment must be done of the child and the paraprofessional services at least once every 3 months. It may occur as often as monthly at a rate of \$200.00 per assessment. This includes home-based reassessment, program review/evaluation and testing after the initial workshop. This service is billable on a monthly basis until the child turns 3 years old or exits the program.

ASD Treatment by Paraprofessionals \$8.00 Per Hour, 80 hours/ month maximum

This includes direct treatment time and instructional time during the initial workshop, quarterly reassessments and staffings. Billable on a monthly basis until the child turns 3 years old or exits the program. Hours will be prorated during incomplete months of service.

Payment can be assured only if the following occurs. For professionals, invoices must be submitted to the DHEC/BabyNet Fiscal Agent along with a copy of the 3203 authorization completed by the DHEC/BabyNet coordinator. The following information must be included:

- Provider's name (company)
- Provider's mailing address and phone number
- Federal ID number or Social Security Number

Paraprofessionals must submit a monthly log (attached) to the DHEC/BabyNet Coordinator that includes the information listed above. The log must be submitted to the DHEC/BabyNet Coordinator no later than the 5th of the month for services completed during the previous month. DHEC/BabyNet Coordinator will review the log and complete the authorization (3203) for payment not to exceed 80 hours per month or the number of services specified in the IFSP.

BabyTrac Information:

The Service Coordinator who completes the IFSP will enter into Babytrac; autism services.

The service description will be “autism services”. The service type will allow the selection of three different types of services (“autism initial workshop”, “autism paraprofessional treatment” and “autism reassessment”). Select the service being authorized.

Initial workshop:

For initial workshop the frequency will always be one time per month.(The service can only be authorized one time). For setting enter “home”. For duration enter 8 hours (08:00).

Reassessment:

The frequency will be based on the number of reassessments recommended by the program consultant. It can vary from one time per month to one time per quarter. For setting enter “home”. For duration enter 3 hours (03:00).

Paraprofessional treatment:

For paraprofessional treatment, select “non-provider” as the provider since the paraprofessionals do not have DHEC/BabyNet contracts. For setting, enter the location where the majority of the paraprofessional services are delivered. For frequency, enter the total number of hours per month that the IFSP team has approved (max of 80 per month) and 1:00 for the duration.

Authorization Criteria ASD Treatment

Before authorizing payment for ASD treatment, the following criteria must be met. The DHEC/ BabyNet Coordinator will review the criteria with you and ask you to sign at the bottom.

CRITERIA

- Child is over 18 months of age and under 3 years of age.
- Child is under 33 months of age or family has provided verification that ABA services will continue after age 3 either through public or private means.
- Child has received a diagnosis of PDD-NOS or autism by a qualified professional, which is documented in the BabyNet record.
- Parents have been informed of resources children with ASD may be eligible to receive (TEFRA, SSI, DDSN Autism Division).
- Parents have reviewed treatment choices and options.
- Treatment is specified on the action plan of the IFSP.
- Parents have a clear understanding of the treatment program, including their role and responsibilities.
- Parents have been informed of BabyNet's policy regarding the use of qualified personnel.
- Parents have been informed that BabyNet serves children to their third birthday. Parents should contact their local school district when their child is 30 months in order to pursue ongoing service options.
- Parents understand that any expenses not included on the BabyNet Fee Schedule will be the responsibility of the parent/primary caregiver as they are not early intervention services.
- Other payment resources have been explored (private insurance, SSI, TEFRA).
- A Program Consultant has been selected by the parent/caregiver.

I have reviewed the criteria listed above. The information mentioned has been provided to me and I have had an opportunity to ask questions. I have reviewed the policy of BabyNet regarding the use of qualified personnel. I give my consent for the use of non-licensed or non-credentialed personnel to provide treatment. The Paraprofessionals will provide treatment under the guidance of the Program Consultant.

Child's Name

Child's DOB

Parent/Caregiver Signature

Date

DHEC/BabyNet Coordinator's Signature

Date

Paraprofessional Service Log

ASD Treatment

Name & Address of Child: _____

Date of Service (mm/dd/yy)	Service Provided	Hours

Paraprofessional's Name & Address:

Total Therapy Hours = _____

Total Consultative Hours = _____

Total Pay @ \$8.00 per hour = _____

I certify that the above information is true and accurate. Time spent driving to the home is not included.

Signature of Paraprofessional

Date

SSN of Paraprofessional

Signature of Parent/Caregiver

Date

References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders*. (4th ed.). Washington, DC: Author.

Bambabara, L., & Brown, F. (1999). Special series on interventions for young children with autism [Special issue]. *Journal of the Association of Persons with Severe Handicaps*, 24(3).

Connecticut Birth to Three System. (1997). *Service guideline #1: PDD/Autism*. Hartford, CT: Author.

Dawson G., & Osterling, J. (1997). *Early intervention in autism*. In Guralnick, M.J. (Ed.), *The effectiveness of early intervention* (pp. 307-326). Baltimore, MD: Paul H. Brookes Publishing Co.

New York State Department of Health Early Intervention Program. (1999). *Clinical practice guideline: Quick reference guide*. Albany, NY: Author.

New York State Department of Health Early Intervention Program. (1999). *Clinical practice guideline: Report of the recommendations*. Albany, NY: Author.

New York State Department of Health Early Intervention Program. (1999). *Clinical practice guideline: The guideline technical report*. Albany, NY: Author.

South Carolina Department of Education. (1997). *Autism: guidelines for diagnosis, placement, and services*. Columbia, SC: Author.

Resources

SC Disabilities Collaborative Resource Center Library

The Resource Center Library holds a collection of books, journals, newsletters and videos relating to disability issues. There are many autism resources available that may be borrowed for one month free of charge. Contact the Resource Librarian for additional information at (803) 935-5278 or through SCSIS at 800-922-1107.

SC Services Information System (SCSIS)

SCSIS provides free information on disability services in South Carolina, including information pertaining to autism spectrum disorders. An Information Specialist will search for programs and services in your community, the state and nation which may be able to help you. Call toll free statewide, 800-922-1107 or 935-5300 in the Columbia area.

CARE Centers

To receive services at the CARE Center, a DDSN autism division regional office must refer a family. Contact the office nearest you:

Coastal Regional Office

Fairfield Office Park
1064 Gardner Rd., Suite 302
Charleston, SC 29407
Phone: 843-852-4120

Midlands Regional Office

8301 Farrow Rd.
Columbia, SC 29203-3294
Phone: 803-935-5090

Pee Dee Regional Office

PO Box 3209
Florence, SC 29502
Phone: 843-664-2720

Piedmont Regional Office

269 S. Church St.
Spartanburg, SC 29306
Phone: 864-594-4907

For additional information contact:

SCDDSN Central Office

Autism Division
3440 Harden Street Ext.
PO Box 4706
Columbia, SC 29240
Phone: 803-898-9609

Books

Harris, S., & Weiss, M. (1998). Right from the start: Behavioral interventions for young children with autism, a guide for parents and professionals. Bethesda, MD: Woodbine House.

Siegel, B. (Ed.). (1998). The world of the autistic child: Understanding and treating autistic spectrum disorders. (2nd ed.). New York, NY: Oxford University Press.

Koegel, L. & Lazebnik, C. (2004). Overcoming Autism: Finding the Answers, Strategies and Hope That Can Transform a Child's Life. New York, NY: Penguin Books.

Stone, W. & DiGeronimo, T. (2006). Does My Child Have Autism: A Parents Guide to Early Detection and Intervention in Autism Spectrum Disorders. Hoboken, NJ: Jossey-Bass.

Maurice, Catherine (1996). Behavioral Intervention for Young Children with Autism- A Manual for Parents and Professionals. Austin, Texas: Pro-ED, Inc.